# Conflict Resolution in Long-Term Care: The CALM Model and Beyond

A practical framework for Humans who work in Nursing Facilities, Residential Care, Assisted Living, and Memory Care

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Consulting Resources

# Every Shift, Someone Is in Conflict

## 3–5 Conflicts Per Shift

LTC staff handle an average of 3–5 interpersonal conflicts per shift — and most go unresolved.

## The Real Cost

Unresolved conflict is the **#1 driver** of staff turnover, formal grievances, and family dissatisfaction.

## Today's Goal

Leave with a framework you can use **immediately** — not someday, not after more training.

# What We'll Cover Today

01

## Where Conflict Comes From

Understanding the unique pressures and sources of tension in LTC settings.

02

## Core Resolution Principles

Active listening, empathy, and de-escalation as foundational skills.

03

## The CALM Model

A step-by-step framework: Connect, Acknowledge, Listen, Move Forward.

04

## Real-World Scenarios

Applied practice across SNF, assisted living, and memory care.

05

## Immediate Tools

Strategies for special populations, staff-to-staff conflict, and building a culture of resolution.

# Understanding Conflict in Long-Term Care

Before we can resolve conflict, we need to understand exactly what makes LTC settings a uniquely charged environment.

# The Unique Pressure Cooker of LTC

### 🔀 Blurred Boundaries

Families become daily stakeholders in clinical decisions.

### 😓 Chronic Stress

Staff shortages, emotional labor, and compassion fatigue fuel constant tension.

### ⚖️ Power Dynamics

CNAs, nurses, administrators, and families all hold different authority.

### 🔥 High Stakes

Residents' home, health, and dignity are all on the line — every day.

# Expectations: The Unseen Trigger

Many conflicts in long-term care don't stem from malice, but from **unclear or mismatched expectations** between residents, families, and staff.

Proactively setting clear expectations for roles, responsibilities, and communication can significantly **reduce friction** and foster a more harmonious environment for everyone.

# The 5 Most Common Sources of Conflict

1. **Care Disagreements**

   Family vs. clinical team on treatment decisions and care priorities.

2. **Unmet Expectations**

   What families imagined care would look like vs. the reality of daily practice.

3. **Communication Breakdowns**

   Shift handoffs, missed updates, and inconsistent messaging between team members.

4. **Staff-to-Staff Tension**

   Role confusion, perceived favoritism, and workload inequity.

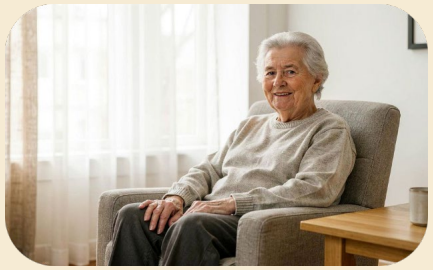
5. **Resident Behavior**

   Especially in memory care or behavioral health units — aggression, refusal of care, and unpredictable reactions.

# Conflict May Look Different Across the Care Continuum

## Skilled Nursing (SNF)

Families and care teams often clash over treatment goals, medication choices, and what "doing everything" really means. Discharge planning creates pressure — families who feel rushed out can turn adversarial quickly, even when the clinical reasoning is solid. When Medicare or Medicaid coverage ends unexpectedly, the confusion lands on frontline staff, and even small miscommunications can quickly escalate into formal complaints.



## Assisted Living

Balancing resident autonomy with staff safety concerns is a constant source of tension — residents have the right to make choices others see as risky, and that line isn't always easy to hold. Many families don't fully understand what assisted living includes or how it differs from a nursing home, so gaps between what they expected and what's actually offered can simmer for months before becoming a formal grievance.

## Memory Care

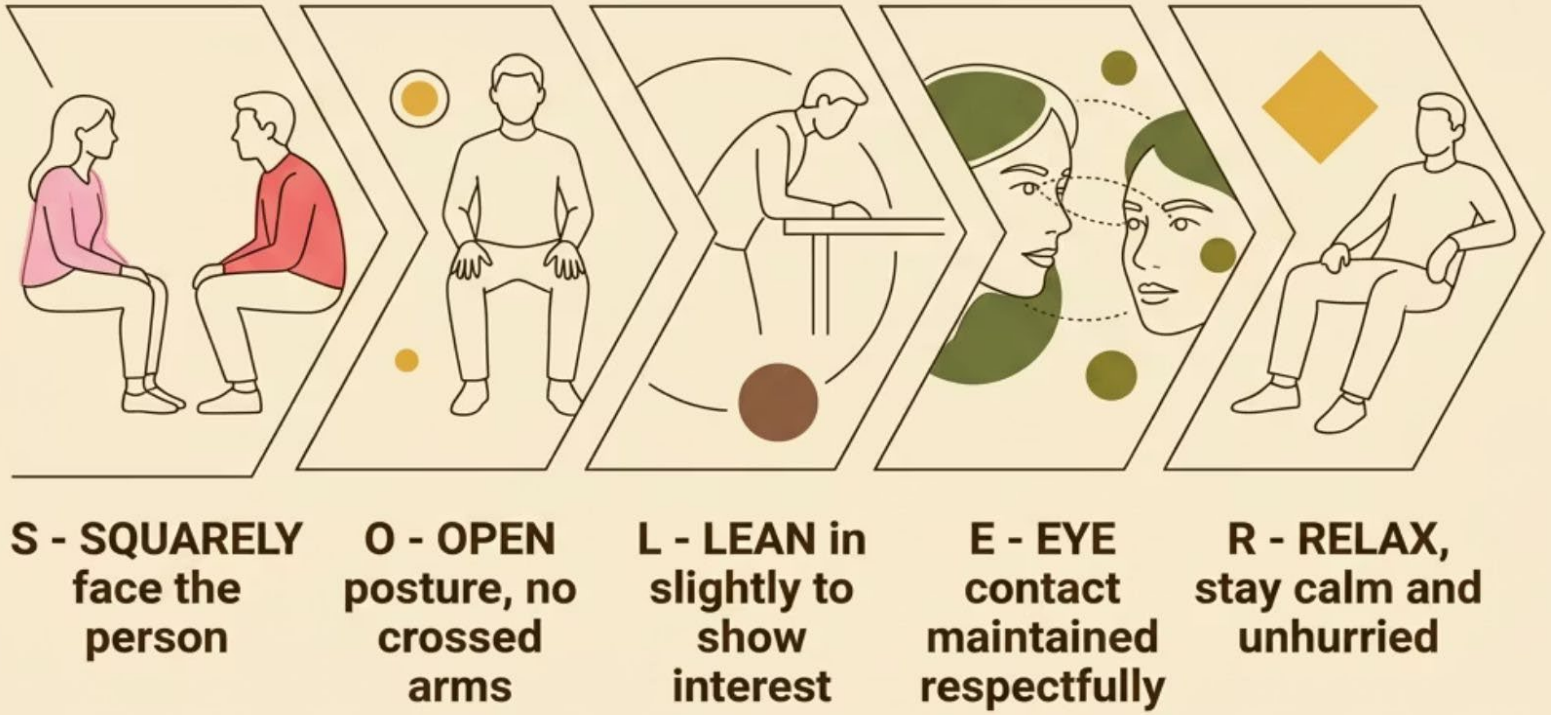
When a resident is combative during care, for staff and family the emotional toll is real.
Family guilt often shows up as blame toward staff or demands that can never fully be met.
**Grief shapes every interaction**, affecting how families hear information and respond when things go wrong.

# Core Principles of Resolution

The foundation of every successful conflict resolution is a set of skills that can be learned, practiced, and refined — starting today.

Active Listening: The Most Underused Skill

# Listen to Understand — Not to Respond




Most people listen to formulate their reply, not to truly understand.

**That gap costs trust.**

- Use the **SOLER technique** to signal full attention
- Reflect back: *"What I'm hearing is…"* — validates without agreeing
- Silence is a tool — resist the urge to fill it immediately

# Empathy Is Not Agreement

✅ Say This

"I can see how frightening this must feel for your family."

❌ Not This

"I understand, but our policy says…"

You can validate someone's feelings without validating their position.

EMPATHY DISARMS — it moves people from **reactive** to **receptive**.

Acknowledgment is the bridge between frustration and resolution.

# Scenario: The Angry Family Member at the Nurses' Station


*A daughter storms in demanding to know why her mother wasn't bathed. Staff are busy. Other residents are watching.*

### ❌ Wrong Move

Defend the schedule, cite staffing ratios, promise to "look into it" — all while standing at the station.

### ✅ Right Move

Step away from the station. Acknowledge her concern. Ask to speak privately — then listen **fully** before responding.

# De-Escalation: Cooling the Room Before You Solve the Problem

### Lower Your Voice

Don't match their volume — your calm signals safety and control.

### Slow the Pace

Speak deliberately and pause between sentences. Rushed words escalate.

### Name the Emotion

"It sounds like you're feeling really frustrated right now." Naming feelings reduces their power.

### Change the Environment

Move to a private space whenever possible.

**Never de-escalate in a hallway or in front of other residents.**


# The CALM Model

A four-step framework simple enough to remember mid-shift, and powerful enough to resolve the most complex disputes in long-term care.

# Introducing the CALM Model

C — Connect

Before you correct

A — Acknowledge

The emotion and the concern

L — Listen

To understand, not to respond

M — Move Forward

With a collaborative solution

**Simple enough to remember mid-shift.**

**Powerful enough to resolve the most complex disputes.**

# C — Connect Before You Correct

Humanize the Interaction — Immediately

- Introduce yourself by name and role — people can't engage with a title
- Make eye contact, offer a handshake or a calm gesture
- Ask one open question: *"Can you help me understand what's going on from your perspective?"*

Connection signals safety — people cannot problem-solve when they feel threatened.

# A — Acknowledge the Emotion and the Concern

**Name What You Observe**

"I can see this has been really upsetting." Naming the emotion validates the person without conceding a position.

Separate Feeling from Demand

Address the **emotion first** — the demand becomes easier to navigate once the person feels heard.

Avoid Minimizing Language

Drop "I know, but…" and "You have to understand…" — both signal you've stopped listening.

Acknowledgment ≠ Apology

It's a bridge — not an admission of fault. It moves the conversation forward.

# L — Listen to Understand

What someone says they want and what they *actually* need are often different.

Behind most conflicts lies a deeper need.

# What People Really Need

Behind most conflicts, the stated demand is rarely the real issue. Listen for the deeper need beneath the surface.

### Dignity

"My loved one matters and deserves to be treated with respect."

### Control

"I have a say in what happens here."

### Reassurance

"They are safe, and someone is watching out for them."

When you address the underlying need, the surface conflict often resolves itself.

# M — Move Forward Together

01

## Offer 2–3 Realistic Options

Choice restores control; present options, not ultimatums.

02

## Agree on a Specific Next Step

Set a clear timeline: *"I'll follow up with you by 3pm today."*

03

## Document and Communicate

Record the resolution and share it with the full team.

04

## Follow Through

Trust is built — or broken — in the follow-up.

# The CALM Model

| | |
|---|---|
| C — Connect | Before you correct |
| A — Acknowledge | The emotion and the concern |
| L — Listen | To understand, not to respond |
| M — Move Forward | With a collaborative solution |

# CALM in Action: Three Scenarios

| 1 | 2 | 3 |
| --- | --- | --- |
| Nursing Facility<br>Family demands a different nurse after a medication error concern. How do you Connect, Acknowledge, Listen, and Move Forward without escalating or conceding inappropriately? | Assisted Living/Res Care<br>Resident refuses to leave their apartment for meals. Staff and family are at odds about whether to push or accommodate. Whose voice takes priority? | Memory Care<br>Resident becomes physically aggressive during morning care. A staff member is shaken. Family arrives and is demanding answers. |

**Small group discussion:** Apply the CALM Model to one scenario at your table. Be prepared to share your approach with the group.

# Case Study — The Medication Error Complaint (SNF)

*A resident's daughter calls the charge nurse, upset and threatening to "call the state," after her mother received the wrong medication dose.*

### ❌ Response A: Defend & Deflect

Citing protocols shuts down dialogue and destroys trust — even if accurate.

### ⚠️ Response B: Over-Apologize & Promise

Blanket apologies without facts create liability and false expectations.

### ✅ Response C: CALM in Action

Acknowledge her fear, move to a private space, listen fully, then share what is known with a clear next step and timeline.

# Case Study — The Resistant Resident (Assisted Living)

*A resident refuses meals in the dining room for three days — staff are divided, and the family is calling daily worried about mom.*

### ❌ Response A: Force Compliance

Insisting on the schedule violates autonomy and makes the resident more withdrawn.

### ⚠️ Response B: Avoid the Issue

Delivering meals to the room without asking why leaves the root cause — loneliness, depression, conflict — completely unaddressed.

### ✅ Response C: CALM in Action

Connect one-on-one, ask open questions to find the real reason, involve family as partners, and offer choices that restore a sense of control.

# Memory Care: When Conflict Isn't Rational

## Don't Reason — Redirect, or Reconsider…

Residents with dementia cannot be reasoned with during escalation. Attempting logic intensifies distress. Shift your approach entirely.

- **Redirect, don't confront:** "Let's go see what's happening in the garden."
- **Identify triggers:** Time of day, noise levels, unfamiliar faces, unmet physical needs
- **With families:** Conflict often stems from guilt — acknowledge the grief of the long goodbye

# Case Study — The Aggressive Resident (Memory Care)

*A resident with dementia strikes a CNA during morning care — and the family arrives an hour later demanding to know if their loved one is being provoked.*

### ❌ Response A: Confront & Correct

Reasoning with or expressing frustration toward a dementia resident during escalation always intensifies the behavior.

### ⚠️ Response B: Become Defensive with Family

Focusing on what the resident did wrong makes the family feel their loved one is being blamed — and a complaint becomes likely.

### ✅ Response C: CALM in Action

Redirect in the moment, identify the trigger, then meet the family with empathy first — share facts calmly, update the care plan together, and document everything.

# Special Populations & Settings

Certain environments and populations demand tailored approaches — one size does not resolve all conflict. **ACT, DON'T REACT.**

- **Stop and think:** Who are you speaking with, what are their particular challenges? Strengths?
- **Stop and think: How might you view the situation if you were in their position?**
- **Stop and think: What can you do to create CALM?**

**C-Connect**

**A-Acknowledge**

**L -Listen**

**M-Move Forward**

# Case Study — The Roommate Conflict

*Two residents sharing a room have escalating tension — one complains the other has the TV too loud and "invades her space." The situation has reached the point where one resident's family is threatening to move her out.*

### ❌ Response A: Minimize the Conflict

Telling residents to "try to get along" dismisses real distress — for many residents, their room is their only private space, and feeling unsafe there is serious.

### ⚠️ Response B: React Only to the Family Threat

Focusing on keeping the family happy rather than resolving the residents' experience treats the symptom — and the other resident's needs go completely unaddressed.

### ✅ Response C: CALM in Action

Meet with each resident separately to understand their perspective and needs. Explore practical solutions — room dividers, scheduled quiet hours, or a room change. Involve families as informed partners, not decision-makers in a vacuum.

# Staff-to-Staff Conflict: The Hidden Crisis

## The Root Cause

Peer conflict is the **leading cause of CNA turnover** — yet it's rarely addressed directly or structurally.

## Common Triggers

Perceived favoritism, assignment inequity, cultural differences, and communication styles that clash under pressure.

## Leader's Role

Don't triangulate. Bring parties together with a structured conversation — and use the CALM Model peer-to-peer. It works in both directions.

# Case Study — The CNA Complaint (Staff-to-Staff)

*A CNA tells the charge nurse that a colleague is "always leaving the hard residents" for her and going on break early. The colleague denies it. Both are now refusing to work the same wing.*

### ❌ Response A: Take Sides

Siding with one staff member without hearing both creates a perception of favoritism — and the conflict goes underground, not away.

### ⚠️ Response B: Dismiss It as Drama

Telling staff to "work it out" without structure leaves the tension to fester — and resident care suffers when teams are fractured.

### ✅ Response C: CALM in Action

Meet with each person separately first, then bring them together with a structured conversation. Acknowledge both perspectives, clarify expectations, and agree on observable next steps.

# The Cost of Waiting: Why Early Intervention Is Non-Negotiable

Unresolved conflict doesn't stay small. A complaint ignored today becomes a grievance tomorrow — and a survey citation or lawsuit next month.

### 📋 Complaint Surveys

Resident and family complaints are a primary trigger for state survey investigations. Early resolution keeps concerns internal — delay pushes them to regulators.

### ⚖️ Litigation Risk

Most LTC lawsuits are preceded by unresolved family conflict. Families who feel heard rarely sue — families who feel dismissed almost always escalate.

# The Hidden Costs of Unresolved Conflict

Beyond surveys and litigation, unresolved conflict quietly erodes the people and culture that make great care possible.

### 📉 Staff & Culture Impact

Unaddressed conflict drives turnover, erodes team trust, and creates the conditions where errors — and more conflict — become inevitable.

### 🔄 The Escalation Cycle

Small tensions become grievances. Grievances become complaints. Complaints become surveys. Surveys become citations. Every step is harder — and costlier — than the one before.

The window for early intervention is short. Every shift is an opportunity to resolve — or to let it grow.

# The Silent Drain: Conflict Avoidance

Many leaders and team members instinctively avoid conflict, hoping it will resolve itself.
This silence comes at a significant cost, especially in a high-pressure environment like long-term care.

## The Illusion of Peace

Ignoring simmering tensions doesn't make them disappear; it allows them to fester, erode morale, and eventually erupt into larger, more damaging issues.

## The Cost of Unasked Questions

How many staff have you lost to "better opportunities" or "personal reasons," without truly understanding the **unresolved conflicts** that were the real catalysts for their departure?

# When to Escalate: Knowing Your Limits

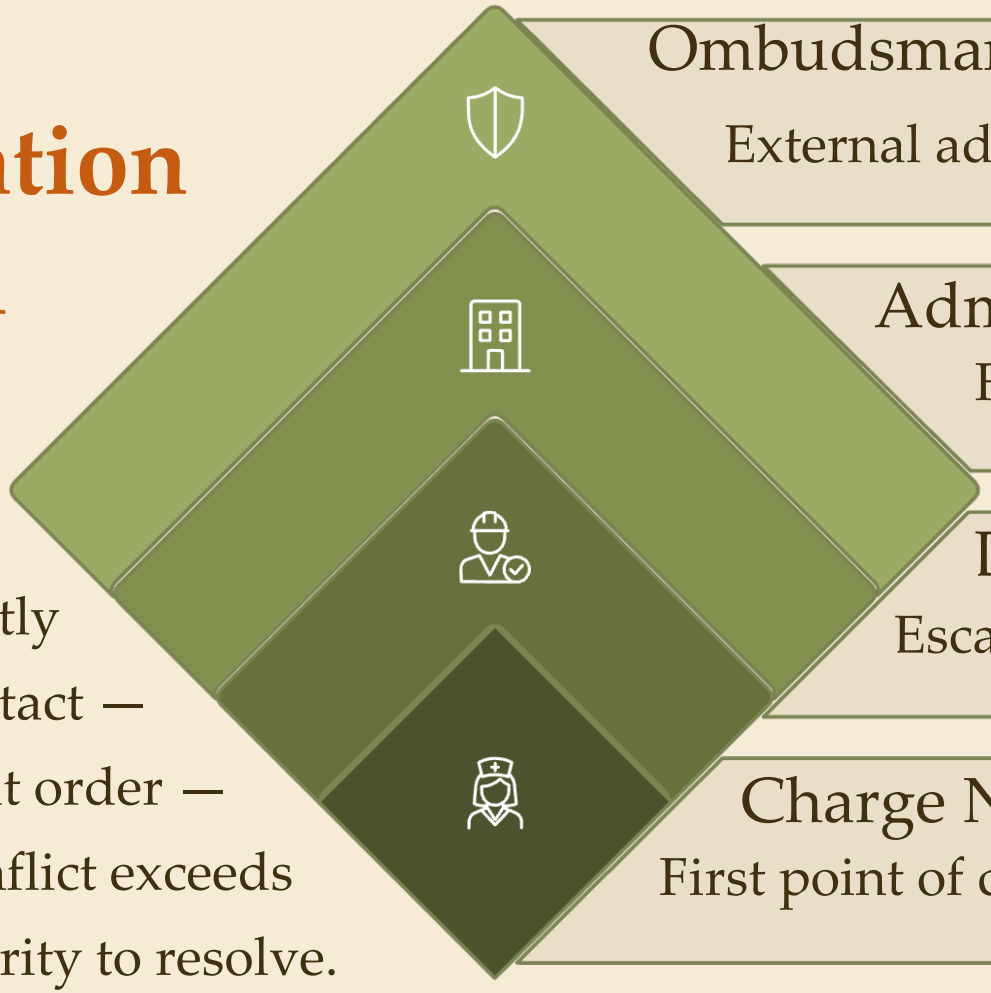
Not every conflict can — or should — be resolved at the floor level.

**Escalate immediately when:**

- Safety is at risk for any party
- Allegations of abuse arise
- Legal threats are made
- Resolution stalls after two genuine attempts

⚠ Document every step — your notes protect residents *and* staff.

# The Escalation Chain



**Ombudsman**
External advocacy & review

**Administrator**
Facility-level decisions

**Director of Nursing**
Escalate unresolved issues

**Charge Nurse/Shift Supervisor**
First point of contact

Know exactly who to contact — and in what order — when a conflict exceeds your authority to resolve.

## Case Study — The Aggressive Resident (Memory Care)

In the memory care unit, Resident A, who believes the common area kitchen is "theirs," becomes enraged when Resident B enters it and takes a snack. Resident A pushes Resident B, causing them to fall and break an arm.

When physical harm occurs, safety and immediate medical intervention take precedence.

CALM guides interactions, but **escalation protocols are critical**.

# ✅ Response C: CALM in Action

### Ensure Safety First

Separate residents. Attend to Resident B's injury immediately. Call for medical assistance.

### De-escalate Resident A

**C - Connect:** Approach calmly, make eye contact, use a gentle tone. **A - Acknowledge:** "I see you're very upset about the food." **L - Listen:** Don't reason, redirect to an activity or a preferred area. Address the underlying need for security or control.

### Initiate Escalation Protocols

Report incident per policy, notify families of both residents, conduct a safety investigation, review care plans, consider environmental adjustments.

### M - Move Forward Together

With families and care team, plan prevention strategies: identify triggers, adjust routines, provide alternative coping mechanisms for Resident A.

# Building a Culture of Resolution

The goal is not just to resolve conflict when it erupts — it's to create an environment where fewer conflicts ignite in the first place.

# From Reactive to Proactive: Prevention Strategies

1

### Daily Huddles

Brief check-ins at shift start surface tension before it becomes conflict.

2

### 30/60/90 Day Family Meetings

Proactive touchpoints with families — don't wait for a complaint to create the relationship.

3

### Concern Card System

Give residents and families a low-stakes way to flag issues early, before they escalate.

4

### CALM for All Staff

Train every team member — not just leadership. Resolution is everyone's responsibility.

# Case Study — The Discharge Dispute (SNF)

*Medicare days are ending and the care team recommends discharge to home with services. The family insists their mother "isn't ready" and demands she stay. The social worker is caught in the middle.*

### ❌ Response A: Lead with Policy

Opening with "Medicare requires discharge" puts the family on the defensive immediately — they hear bureaucracy, not care, and dig in harder.

### ⚠️ Response B: Delay Without a Plan

Extending the stay without a clear conversation avoids conflict short-term but creates a harder conversation later.

### ✅ Response C: CALM in Action

Acknowledge the family's fear about safety at home. Listen for the specific concern — is it caregiver capacity, home setup, or trust? Then problem-solve together: what would "ready" look like, and how can the team help get there?

# Your CALM Commitment: Start Monday

### Choose One Conflict

Identify one conflict situation you're currently facing — right now, this week.

### Apply CALM

Connect, Acknowledge, Listen, Move Forward — use the model in a real interaction this week.

### Share the Model

Teach CALM to one colleague. Resolution spreads through teams, not just individuals.

### Measure It

Did the relationship improve? Was a grievance avoided? Note the outcome.

# Conflict Handled Well Builds Trust

Conflict handled well doesn't just resolve a problem — it builds the trust that defines great care.

## Resolves the Problem

It addresses the immediate issue with clarity and respect.

## Strengthens Relationships

It turns a moment of tension into a foundation of trust.

## Defines Great Care

It reflects the culture and values that set your facility apart.

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